## **Retail Food Inspection Report**

Floyd County Health Department Telephone (812) 948-4726

Establishment Name TUMBLEWEED					Telephone Number  Est 812-945-0177	Date of Inspection	ID#	
Address 2005 STATE STREET, NEW ALBANY IN 47150					Own 502-618-8357	10/01/2020		
Owner TW-INDIANA, INC.					Purpose X Routine	Follow Up 10/15/2020	Released 10/01/2020	
Owner's Address 2301 RIVER ROAD, SUITE 200 LOUISVILLE, KY 40206-					Follow-up Complaint			
Person in Charge STACEY BLAIR					Pre-Operational	Мепи Туре 1 2 3 <u>X</u> 4 5		
Responsible Person's Email STATESTREET@TUMBLEWEEDINC.NET					Temporary HACCP			
Certified Food Handler STACEY CLAIR					Other (list)			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"								
Section #	C NC R Narrative To Be Corrected							
295	Χ			ce machine to have mold	TODAY			
415	Χ			Observed flies in kitchen (near utility cords coming out of ceiling tile).			2 WEEKS	
177		X		Observed bar ice bin being left open when not busy.			TODAY	
218		X		Observed beer keg cooler door to be broken.  2 WEEKS  TOPAY				
297	297 X Observed bar soda gun to be moldy and tea filter bulb to have hard water TODAY							
422		Х	-	build-up.  Observed purse stored over open bar glasses cooler.			CORRECTED	
431		X	_	Observed ceiling over salsa cooler to be splattered/dirty and needing			2 WEEKS	
	cleaned.				r	<b>2</b> ((BB)		
433		X	Observed mops	no properly hung to dry (o	TODAY			
Summary of Vio	lations	(	2 <u>2</u> NC	<u>6</u> R <u>0</u>				
Received by (nar	ne and ti	tle prin	ted):		Inspected by (name and title printed):  A.J. Ingram CHIEF FOOD SPECIALIST			
Received by (signature):					Inspected by (signature):			
cc:				cc:	-	cc:		